This page must be printed on blue.

DEPARTMENT OF THE INTERIOR
Osage Indian Agency
PAWHUSKA, OK 74056

Approved

APPLICATION FOR OPERATION OR REPORT ON WELLS

Date: 9-21-16

_____ _____ _____
(Commencement money paid to whom) (Date) (Amount)

Well No. (b) (9) [redacted] from (E/W) line.

_____ [redacted] unty, Oklahoma.
(1/4 Section & No.) (Township) (Range)

The elevation of the (surface/derrick floor) above sea level is 673 ft. 052420

USE THIS SIDE TO REQUEST AUTHORITY FOR WORK
(Three copies required.)

Notice of intent to:

Drill	☐
Plug ($15 fee)	☒
Deepen/plug back	☐
Convert	☐
Pull/alter casing	☐
Formation treatment	☐

Details of Work

Drilling application will state proposed TD & Horizons to be tested. Show size & length of casings to be used. Plugging application shall set forth reasons for plugging & detailed statement of proposed work. Plugging will not commence for 10 days following approval date unless authority granted.

Well production prior to work. 0 bbls oil 0 bbls. wtr./24hrs.

Plans for plugging: Pump 125 sax cement to top plug at 1507' to surface. Cut off 4 1/2 casing 3' below ground level-weld steel plate on top.

6/24/15 Ran measuring line to top plug 1507' No fluid and no pressure. Dry hole no econmic value.

I understand this plan of work must receive approval in writing before operations may be commenced.

Lessee: KWB Oil Property Management, Inc.

Signature: Michael W. Vaughn

Title: Vice President

Address: 20 E 5th Street, Suite 1100

City/State/Zip: Tulsa, OK 74103-4439

Phone No.: 918-583-8300

USE THIS SIDE TO REPORT ON WORK COMPLETED
(One copy.)

Character of well (oil, gas, dry) _____

Subsequent report of:

Conversion	☐
Formation treatment	☐
Alter casing	☐
Plugging back	☐
Plugging	☐

Details of Work & Results Obtained

Work commenced on _____

Work completed on _____

(Continue on reverse side if necessary.)

This block for plugging information only.

CASING RECORD

SIZE	IN HOLE WHEN STARTED	AMT. RECOVERED	DEPTH / HOW

ORIGINAL TOTAL DEPTH:

Lessee: _____

By: _____

Subscribed & sworn to me on the _____ day of _____, _____.

_____ _____
NOTARY PUBLIC COMM. EXP.